Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHE	DTHAN	
			(Colum	(Column 1)		(Column 2)		TYPE		OF		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			98			· .		RATE	FEE		RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	0 OF	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			38minus 20=		• 18			X\$ 9=		OR	X\$18=	324	
INDEPENDENT CLAIMS			/ /f minus 3 =		• 1			X43=		-	You	-;	
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT							OR	ļ <u>.</u>	86	
* If the difference in column 1 is less				ero, enter	"0" in	column 2		+145=		OR		1/00	
CLAIMS AS AMENDED - PART II						501011111 2		TOTAL		OR		1180	
	,	(Column 1)	AMENDE	(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$.9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRES	ENTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM			+145=	 		+290=		
							· L	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	n 3).	(Column 3)	A	DDIT. FEE	<u> </u>	JOR ,	ADDIT. FEE		
В		CLAIMS		HIGHE	ST		Г	·····	ADDI-	7 1		ADDI-	
AMENDMENT		AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY.	PRESENT		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
A ME	Independent	*	Minus	***		= .		X43= ·		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	CLAIM		 -			107			
							L	+145=		OR	+290=		
								TOTAL ODIT. FEE		OR ,	TOTAL DDIT. FEE		
		(Column 1)		(Column		(Column 3)	<u> </u>						
MEN		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	ndependent		Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X00=		
• If •	he entry in colum	L	+.145=		OR	+290=	·						
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT., FEE		
Th	ne *Highest Numt	per Previously Paid	For (Total or I	ndependent)	is the h	ighest number	found	in the app	opriate box				